

Rhode Island Department of Labor and Training

For Office Use Only Approval Date: 10/1/2014

Workforce Investment Act Eligible Training Program

| Provider Name: 911P | lame: 911Programs Inc | | | Contract #:5050-28 | | | | | | |
|--|------------------------|---|--|--------------------|---------|------------------------------|-------------------|---------------|--|--|
| Address: | | | | dress if prog | gram | is held at a an | other site: | | | |
| 175 Metro Center Blvd Unit 1 | | | | | | | | | | |
| Warwick, RI 02886 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Program Name: Certified Nursing Assistate Office use only: ONET CODE 31-1014 | ınt | | | | | | | | | |
| CONTACT INFORMATION | | | | | | | | | | |
| Program Contact Person: | F | hone: | 401-773-7 | | | Fax: | 401-789-5487 | | | |
| Valerie Howe | E | mail: | <u>lmissions@</u> | 911Progran | ns.co | Website: | <u>www.911Pro</u> | grams.com | | |
| | | | | | | | | | | |
| Course Outline/Topics to be Covered | Required academ | ic grad | e levels to | enter progra | am | | | | | |
| The didactic portion is 9 weeks and covers all aspects of nursing assistant care incl legal issues, scope of | Reading Grade Le | vel | 8th | | | | | | | |
| practice, and job duties; physical assessment skills incl | Math Grade Level | | 6th | | | | | | | |
| vital signs (such as blood pressure, pulse, respirations, temperature, height/weight, intake/output); personal | English Profisions | | Maratha abla | 4 | | and Franksk Florest | | | | |
| care (i.e. bathing, grooming, feeding, dressing); room | English Proficiency | / | Must be able | to read, write, a | ina spi | eak English Fluently | <u>y</u> | | | |
| care (i.e. bedmaking, infection control, preventing/mitigating hazards); assisting with | | | | | ı | | | | | |
| movement & exercise; assisting nurses, doctors, and | Required to enter | trainin T _{Yes} | g program □ _{No} | | | MAY be require Physical | ed for employm | No No | | |
| other health care professionals; and communicating with patients, families, and medical personal. Included | | ⊒ res Tyes | □ No | | | Vaccinations | ✓ Yes | □ No | | |
| in the didactic portion is laboratory practice using | |] Yes] Yes | □No | | | Drug test | ✓ Yes | □ No | | |
| manikins an live human 'patients. Week 10: 25 hr | ŭ | Yes | □ No | | | BCI | _ | No | | |
| internship at a LTC facility supervised by a program instructor. Includes 12 hr Job Readiness Training to | | Yes | □No | | | Certification | = | No | | |
| prepare Trainees for the work force! Upon successful | | Yes | No | | | License | Yes | No | | |
| completion of this program, graduates are eligible to take the National Nurse's Aide Assessment Program | Experience | Yes | No | | | Tools | Yes | No | | |
| Examination offered through the RI Department of | Other: | | | | | Experience | Yes | No | | |
| Health that is composed of a written and clinical portion | | | | | | Other: | | | | |
| portion. | | | | | | | | | | |
| | Participants will b | Participants will be qualified to seek employment in the following occupations: | | | | | | | | |
| | | lomema | | | | Certified Nursin | | | | |
| | 3) <u>F</u> | lome H | ealth Aide | | 4) | Orderlie | _ | | | |
| | Is this program P | oll gran | t aligible? | | | ., | | | | |
| | is this program i | en grai | it eligible: | | | Yes | ✓ No | | | |
| PROGRAM COSTS: | | | | | | | | | | |
| | These are expens | oc that | MAV bor | nimburend | | | | | | |
| TUITION INCLUDES: | after successful of | | | | | Participant is | responsible fo | or: | | |
| Tuition \$1,000,00 | Please indicate Yes, N | | | | | Dravasvisitas | | | | |
| Tuition \$1,000.00 Fees \$50.00 | | 'ES | NO | AMOUNT | - | Prerequisites Memberships | - | | | |
| Books incl | Books | Yes | □ No | AMOUNT | | Memberships | _ | | | |
| Licensing \$140.00 | Licensing | Yes | ☐ No | | | | - | | | |
| Certificate fees | Tools [| Yes | ☐ No | | | | _ | | | |
| Other, provide explanation | | Yes | No | | | BCI | _ | | | |
| Student Liability \$20.00 | | _ Yes | ∐ No | \$5.00 | | Cost above tuit | ion cap _ | \$0.00 | | |
| Uniform \$70.00 | Miscellaneous [| ✓ Yes | ☐ No | \$5.00 | | Expenses that I | <u>MAY</u> be | <u>\$5.00</u> | | |
| Fee: Application fee/ NHA certif | | | | | | reimbursed | | <u></u> - | | |
| Total Tuition Cost \$1,280.00 | | | Total | \$5.00 | | | Total | \$5.00 | | |
| | | | | | J . | | | | | |
| Maximum ITA Responsibility (Max. \$5500) PROGRAM LENG Weeks and Hours and Additional Information | | _ | 10 weeks: Class is 3 days or nights a week for 9 weeks followed by a one week 25-30 hr internship If student requires remedial learning, add'tl time may be requred for successful course completion. (tutor rates may apply) | | | | | | | |